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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A REI OF 08/342,226 11/18/1994 PAT 5,474,551

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 01/23/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	
Verified and Acknowledged	<i>Julian M. May</i> Examiner's signature Initials	
ADDRESS	NEIL D GERSHON UNITED STATES SURGICAL CORPORATION 150 GLOVER AVENUE NORWALK , CT 06856	
TITLE	UNIVERSAL COUPLER FOR SPINAL FIXATION	
FILING FEE RECEIVED 1868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit